

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8206 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/22/2014 |
| NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| N 831 | 1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the insulation integrity in the attic. The findings include: Observation with the Maintenance Director, on January 22, 2014 at 2:30 p.m. confirmed the attic space by the 500 hall access fallen roof insulation. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 22, 2014. | N 831 | <ol style="list-style-type: none"> Insulation that had fallen in the attic space by the 500 hall access was restored. All areas of the attic were checked to ensure that no other insulation had fallen or been misplaced. Maintenance Director or designee will inspect the attic insulation on a regular quarterly basis and at any time there have been outside repairmen in the attic. Documentation will be kept on the inspections. Report will be made to the Safety committee by the Maintenance director at the regular monthly meeting in February and minutes of the safety committee will be presented to the QA committee at the regular quarterly meeting. | 1/31/14 | 1/31/14 |
| | | | | 2/14/14 | 2/14/14 |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

02N321

If continuation sheet 1 of 1